

JOHN LOFRESE, MD '18

Refugee Care

Having newly completed his internal medicine residency, John Lofrese, MD '18, was looking forward to beginning work as an attending at Camp Pendleton in Southern California. He had barely settled in when he received notice he was being deployed for a month as part of his Expeditionary Medical Facility (EMF), a mobile medical team that is operationally ready within 48 hours. Their mission was to receive Afghan refugees at Fort Dix, New Jersey, as part of Operation Allies Welcome.

"I had just finished my internal medicine board exam when I was told to be ready to go in 48 hours," he says.

That month-long assignment would stretch to four months. Dr. Lofrese was part of a medical team that included physicians, nurses, physician assistants, various medical technicians, and behavioral health specialists, who provided intake exams and routine medical care for some 20,000 refugees who had been transported from Kabul, Afghanistan.

"We were in a situation where, very quickly, we had to assess the resources we had, the resources we needed, and to set up a system to conduct immigrant screening exams as quickly and safely as possible, but still be able to identify medical emergencies," he says.

At Fort Dix, the refugees received physical exams to bring them up to date on vaccinations and to screen for infectious disease. "One of the more common things we encountered was latent tuberculosis," he says.

Lofrese treated upward of 50 people a day, typically seeing entire family units at a time. "Afghan families are typically larger than those in the U.S. A family with only four or five children was considered small for our patient population," he says.

He says the busiest members of the team were the translators, who worked 12-hour shifts and never had a day off, and the behavioral health specialists, who were in constant demand.

"Nearly all of the refugees had experienced trauma of some sort," he says. "A lot of families were separated. We saw a lot of PTSD."

Because it took time for the various NGOs

involved to arrange where families would be settled, the refugees lived in three "villages" established at Fort Dix. As such, the medical team also had to provide ongoing care.

"There were times when the clinics were so busy, we were pulled from conducting physicals to help out," Lofrese says. "Sometimes people weren't ill, but it was the first time they'd ever had the opportunity to see a doctor. Others were very sick and needed to go to the hospital."

When concern arose over a potential measles outbreak, physicals were put on hold so the medical team could stage a massive immunization clinic. "It happened to be held on September 11, which was meaningful and felt like a sort of book-end of events," he says.

Lofrese attended Upstate Medical University on a U.S. Navy Health Professions Scholarship. He completed his internship at the Naval Medical Center in San Diego and residency at Walter Reed National Military Medical Center. He is currently a lieutenant in the U.S. Navy. "I participated in a mass casualty drill as a medical student at Upstate, but I've never experienced health care on such a massive scale," he says of his experience at Fort Dix. "It was a crash course in managing a humanitarian crisis."

Lofrese returned to Camp Pendleton in December, where he treats active-duty troops, veterans, and their families. "It's been an adjust-



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ment," he says. "I'm finally getting into the groove of things and finding my style of practice."

When he left Fort Dix, he estimates only 100 of the 20,000 refugees had been resettled. In March, he received a video from a colleague showing the last bus of refugees leaving.

"I know there are a range of perspectives in the country about refugee resettlement, but from my experience, I would have taken on twice as many Afghan families if we could," he says. "They've been through so much."